

## New Client Agreement

Thank you for choosing us to care for your pet(s). We look forward to your upcoming appointment. At Ansley Animal Clinic we recognize that everyone's time is valuable. Our appointment times are limited, so we ask that you provide a 24-hour notice if you are unable to keep your appointment. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, we require a credit card for all new client appointments. A \$65.00 fee will be charged *only* if you miss your appointment or cancel with less than 24 hours' notice. Please sign this form as soon as possible so we can create your account. **Primary Owner/Contact:** Name:  First Name  Last Name

Primary Phone:  ( ) -  Address:  Street

Unit/Floor/Apt  City  Zip  County for Rabies Registration:  
 County  E-mail:  E-mail **Co-Owner Name:**  First Name  
 Last Name

**Primary Phone:**  ( ) - **Animal Information** - Please only include pet(s) we are seeing for your initial visit. Name:  Name Species:  Dog or Cat?  Breed:  Breed Sex:  Female  Is your pet spayed or neutered?  Yes  Color/Markings:  Color/Markings Is your pet microchipped?  Yes  Approx. Date of Birth  Select Date Has your pet had any history of an allergic reaction to vaccines and/or medications? If so, please specify below:

Allergic reaction history...

**If you are bringing a second pet to your initial visit, please complete their information below.** Name:  Name

Species:  Dog or Cat?  Breed:  Breed Sex:  Female  Is your pet spayed or neutered?  Yes  Color/Markings:  Color/Markings Is your pet microchipped?  Yes  Approx. Date of Birth  Select Date Has your pet had any history of an allergic reaction to vaccines and/or medications? If so, please

Allergic reaction history... specify below:

**Referrals At** Ansley Animal Clinic, referrals are the highest compliment you can give us. If a friend referred you to us, please list their name so that we can thank them by adding a credit to their account.  Referral Name

**Photo Release** I authorize Ansley Animal Clinic to photograph me and/or my pet(s) and give my consent to use those photographs in any and all publications, educational materials, research, advertising, news media, and social media/internet materials.  Yes  **Credit Card Authorization** We accept American Express, Visa, MasterCard, Discover Name on card:  Full Name Last 4 digits on card:  XXXX

Expiration Date:  XX/XX Save card on file for future use?:  Yes  **Professional fees are to be paid at the time services are rendered. We accept all major credit cards, check/debit cards, cash, and personal checks with the proper identification. By signing below, you acknowledge that you have received this notice, understand this policy, and authorize us to charge the credit card that you provided by phone.**  May 1, 2024

X \_\_\_\_\_



# Signature Certificate

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